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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/675,601 09/29/2000 PAT 6,736,828

62

** FOREIGN APPLICATIONS *****

none 60

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

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TITLE

Device for performing endoluminal fundoplication

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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